



**WASHINGTON**  
Secretary of State  
Corporations & Charities Division

Corporations and Charities Division

**Physical/Overnight address:**

801 Capitol Way S  
Olympia, WA 98501-1226

**Mailing address:**

PO Box 40234  
Olympia, WA 98504-0234  
Tel: 360.725.0377

[sos.wa.gov/corps](http://sos.wa.gov/corps)

08/16/2022

BAILEY & SON LLC  
CHARLES WIEGAND  
PO BOX 448  
EPHRATA WA 98823-0448

**UBI Number: 604 923 830**  
**Business Name: BAILEY & SON LLC**  
**Expiration Date: 05/31/2023**

Dear CHARLES WIEGAND,

Thank you for your recent submission. This letter is to confirm that the following documents have been received and successfully filed:

AMENDED ANNUAL REPORT

You can view and download your filed document(s) for no charge at our website, [www.sos.wa.gov/ccfs](http://www.sos.wa.gov/ccfs)

If you haven't already, please sign up for a user account on our website, [www.sos.wa.gov/ccfs](http://www.sos.wa.gov/ccfs) to file online, conduct searches, and receive status updates.

Please contact our office at [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or (360) 725-0377 if you have any questions.

Sincerely,

Corporations and Charities Division  
Office of the Secretary of State  
[www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)



**WASHINGTON**  
 Secretary of State  
 Corporations & Charities Division

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 Corporations and Charities Division  
 801 Capitol Way South  
 PO Box 40234  
 Olympia, WA 98504-0234  
 (360) 725-0377  
[corps@sos.wa.gov](mailto:corps@sos.wa.gov)

## Customer Receipt

**Payment Transaction:**

Work Order #: 2022081600507610

Received Date: 08/16/2022

Total Paid: \$10.00

**Payment Details:**

Cardholder Name / Payer Name	Payment Type	Identifying Number	Payment Date	Amount
ZITA MCKERRIHAN	VISA	4564	08/16/2022	\$10.00

**Transaction Details:**

Name	UBI # / Registration #	Service Type	Amount	Processing Fee
BAILEY & SON LLC	604 923 830	AMENDED ANNUAL REPORT	\$10.00	\$0.00



**WASHINGTON**  
**Secretary of State**  
Corporations & Charities Division

Filed  
Secretary of State  
State of Washington  
Date Filed: 08/16/2022  
Effective Date: 08/16/2022  
UBI #: 604 923 830

## Amended Annual Report

### BUSINESS INFORMATION

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Business Name:

**BAILEY & SON LLC**

UBI Number:

**604 923 830**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**14149 SPIRIT VALLEY RD NE, MOSES LAKE, WA, 98837-7525, UNITED STATES**

Principal Office Mailing Address:

**PO BOX 795, SOAP LAKE, WA, 98851-0795, UNITED STATES**

Expiration Date:

**05/31/2023**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**05/23/2022**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**CONSTRUCTION**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
CHARLES WIEGAND	237 2ND AVE SW, EPHRATA, WA, 98823-1805, UNITED STATES	PO BOX 448, EPHRATA, WA, 98823-0448, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

**509-760-2578**

Email:

BAILEYANDSON1974@GMAIL.COM

Street Address:

14149 SPIRIT VALLEY RD NE, MOSES LAKE, WA, 98837-7525, USA

Mailing Address:

PO BOX 795, SOAP LAKE, WA, 98851-0795, USA

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		MATTHEW	BAILEY

## NATURE OF BUSINESS

- CONSTRUCTION

## EFFECTIVE DATE

Effective Date:

08/16/2022

## CONTROLLING INTEREST

1. Does this entity own (hold title) real property in Washington, such as land or buildings, including leasehold improvements?

NO

2. In the **past 12 months**, has there been a transfer of at least 16-2/3 percent of the ownership, stock, or other financial interest in the entity?

NO

a. If "Yes", in the **past 36 months**, has there been a transfer of controlling interest (50 percent or greater) of the ownership, stock, or other financial interest in the entity?

NO

3. If you answered "Yes" to question 2a, has a controlling interest transfer return been filed with the Department of Revenue?

NO

You **must** submit a Controlling Interest Transfer Return form if you answered "yes" to questions 1 and 2a.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of [RCW 82.45.220](#).

For more information on **Controlling Interest**, visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET).

## RETURN ADDRESS FOR THIS FILING

Attention:

MICHELE MCKERRIHAN

Email:

MICHELE@ABCS.CO

Address:

PO BOX 448, EPHRATA, WA, 98823-0448, USA

## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? No

## AUTHORIZED PERSON

This document is a public record. For more information visit [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

Work Order #: 2022081600507610 - 1

Received Date: 08/16/2022

Amount Received: \$10.00

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I am an authorized person.

Person Type:  
**INDIVIDUAL**

First Name:  
**CHARLES**

Last Name:  
**WIEGAND**

Title:  
**ACCOUNTANT**

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.